

Program Quick Indicator (QI) Packet

Evidence Based and Promising Practice EBP

Contractor: Nebraska Families Collaborative

Name of Program: Wraparound

Service Area: Eastern Service Area

Program Summary/Description:

Wraparound is not a proprietary model. The Wraparound Process is an intensive, individualized care management process for youths with serious or complex needs. Wraparound was initially developed in the 1980s as a means for maintaining youth with the most serious emotional and behavioral problems in their home and community.

During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth (e.g., family members, other natural supports as identified by the child and family, service providers, and agency representatives) collaboratively develop an individualized plan of care, implement this plan, and monitor and evaluate success over time. The wraparound plan typically includes formal and informal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's natural social networks.

The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved. Although it is often difficult to conduct research in this field, i.e. how can we measure the success of a family that is functioning at a higher level at the end of the "wrap process" when it is hard to measure small minute progress that the family/youth might not be able to articulate or understand. Perhaps the research/practice should rely less on the objective measurable goals and instead focus on each youth/family individual story/progress.

Topics/Areas of interest:

The process of engaging the family, convening the team, developing the plan, implementing the plan, and transitioning the youth out of formal wraparound is typically facilitated by a trained care manager or "wraparound facilitator," sometimes with the assistance of a family support worker. The wraparound process, and the plan itself, is designed to be culturally competent, strengths based, and organized around family members' own perceptions of needs, goals, and likelihood of success of specific strategies.

Four (4) Phases of Wraparound

- 1) Planning
- 2) Implementation
- 3) Engagement

4) Transition

Ten (10) Principles of Wraparound

- 1) Family Voice & Choice
- 2) Team based
- 3) Natural supports
- 4) Community based
- 5) Culturally competent
- 6) Individualized
- 7) Strengths based
- 8) Collaboration
- 9) Persistence
- 10) Outcome Based

Each phase/principle has defined activities by which the various members of the team (family member, service coordinator, team members, as identified by the family, and youth) score their response to the specific activity

Outcomes:

- **Safety**
 - Children are, first and foremost, protected from abuse and neglect
 - Children are safely maintained in their homes whenever possible and appropriate
- **Permanency**
 - Children have permanency and stability in their living situations
 - The continuity of family relationships and connections is preserved for children
- **Child and Family Well-Being**
 - Families have enhanced capacity to provide for their children's needs
 - Children receive appropriate services to meet their educational needs
 - Children receive adequate services to meet their physical and mental health needs

Settings:

Home, School, Community, Court or Office

Level of Evidence:

Please check the appropriate box in accordance with the program.



Promising Practice

- All elements of Evidence-Informed/Emerging plus:
 - One study, quasi-experimental design with control or comparison group
 - Model fidelity

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS:

- Does the program:

- Meet all the requirements for Evidence-Informed/Emerging?
- Have at least one study using quasi-experimental study design with control or comparison group?
- Demonstrate model fidelity?

Implementation/Research History/References:

Walker, J.S. & Bruns, E.J. (in press). The wraparound process: Individualized care planning and management for children and families. In S. Rosenberg & J. Rosenberg (Eds.) Community Mental Health Reader: Current Perspectives. Routledge.
http://depts.washington.edu/wrapeval/docs/WalkerBruns_chapter.pdf

Kendziora, K., Bruns, E., Osher, D., Pacchiano, D., & Mejia, B. (2001). Wraparound: Stories from the field. Systems of Care: Promising Practices in Children's Mental Health, 2001 Series, Volume 1. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
http://cecp.air.org/AIR_Monograph.pdf

VanDenBerg, J., Ph.D., Osher, T., Lourie, Ira. M.D. Child, Adolescent, and Family Issues: Team Based Planning and the Wraparound Process
<http://www.psych.uic.edu/uicnrtc/cmhs/pcp.paper.youth-family.doc>

Summary of Published Controlled Studies of the Wraparound Process

STUDY 1: Randomized control study (18 months) of youth in child welfare custody in Florida: 54 in wraparound vs. 78 in standard practice foster care.

References: Clark, Lee, Prange, & McDonald, 1996; Clark et al., 1998.

RESULTS: Significantly fewer placement changes for youths in the wraparound program, fewer days on runaway, fewer days incarcerated (for subset of incarcerated youths), and older youths were significantly more likely to be in a permanency plan at follow-up. No group differences were found on rate of placement changes, days absent, or days suspended. No differences on internalizing problems, but boys in wraparound showed significantly greater improvement on externalizing problems than the comparison group. Taken together, the findings provided moderate evidence for better outcomes for the wraparound program; however, differences appear somewhat limited to boys and externalizing problems.

STUDY 2: Matched comparison study (18 months) of youth in child welfare custody in Nevada: 33 in wraparound vs. 32 receiving MH services as usual

References: Bruns, Rast, Walker, Bosworth, & Peterson, 2006; Rast, Bruns, Brown, Peterson, & Mears (in submission).

RESULTS: After 18 months, 27 of the 33 youth (approximately 82%) who received wraparound moved to less restrictive environments, compared to only 12 of the 32 comparison group youth (approximately 38%), and family members were identified to provide care for 11 of the 33 youth in the wraparound group compared to only six in the comparison group. Mean CAFAS scores for youth in wraparound decreased significantly across all waves of data collection (6, 12, 18 months) in comparison to the traditional services group. More positive outcomes were also found for the wraparound cohort on school attendance, school disciplinary actions, and grade point averages. No significant differences were found in favor of the comparison group.

STUDY 3: Randomized control study (18 months) of “at risk” and juvenile justice involved (adjudicated) youth in Ohio: 73 in wraparound vs. 68 in conventional services

Reference: Carney & Buttell, 2003.

RESULTS: Study supported the hypothesis that youth who received wraparound services were less likely to engage in subsequent at-risk and delinquent behavior. The youth who received wraparound services did not miss school unexcused, get expelled or suspended from school, run away from home, or get picked up by the police as frequently as the youth who received the juvenile court conventional services. There were, however, no significant differences, in formal criminal offenses.

STUDY 4: Matched comparison study (>2 years) of youth involved in juvenile justice and receiving MH services: 110 youth in wraparound vs. 98 in conventional MH services

Reference: Pullmann, Kerbs, Koroloff, Veach-White, Gaylor, & Sieler, 2006.

RESULTS: Youths in the comparison group were three times more likely to commit a felony offense than youths in the wraparound group. Among youth in the wraparound program, 72% served detention “at some point in the 790 day post identification window” (p. 388), while all youth in the comparison group served detention. And of youth in the Connections program who did serve detention, they did so significantly less often than their peers. Connections youth also took three times longer to recidivate than those in the comparison group. According to the authors, a previous study by Pullman and colleagues showed “significant improvement on standardized measures of behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home at school, and in the community” (p. 388) among Connections youth.

STUDY 5: Randomized control study (12 months) of youths referred to out-of-home placements for serious mental health problems in New York State: 27 to family centered intensive case management (wraparound) vs. 15 to treatment foster care.

References: Evans, Armstrong, & Kuppinger, 1996; Evans, Armstrong, Kuppinger, Huz, & McNulty, 1998

RESULTS: Significant group differences were found in favor of the case management/ wraparound program for behavioral and mood functioning. No differences were found, however, with respect to behavior problems (internalizing and externalizing), family cohesiveness, or self-esteem. No differences found in favor of the TFC group. Overall, small sample size plus loss of data on many of the outcome measures resulted in the study having very low power to detect differences between groups.

STUDY 6: Quasi-experimental (6 months) study in Department of Defense demonstration site of youths with serious mental health issues: 71 in wraparound group vs. 40 in comparison group (study refusers/ineligible youths).

Reference: Bickman, Smith, Lambert, & Andrade, 2003

RESULTS: Findings included higher utilization of "wraparound services" (e.g., case management, in-home supports, and nontraditional services) for the demonstration group, higher costs for the demonstration group (primarily due to this group remaining in treatment longer), and no consistent differences between the groups on outcome measures (e.g., behavior, functioning, caregiver strain, perceived social support, family environment). Limitations of this study include the short time span (6 months) and whether the demonstration project truly followed the wraparound process. Authors stated the "wrap" condition had access to informal services and flexible funding, but authors did not assess "wrapness" and stated that, "there is no evidence that the content or the quality of the services were different for the Wraparound children." (p. 151)

STUDY 7: Quasi-experimental (24 months) study of youths with serious mental health issues in urban Baltimore: 45 returned or diverted from residential care to wraparound vs. 24 comparisons.

Reference: Hyde, Burchard, & Woodworth, 1996.

RESULTS: Primary outcome was a single rating that combined several indicators: restrictiveness of youth living situation, school attendance, job/job training attendance, and serious problem behaviors. Youths received ratings of "good" if they were living in regular community placements, attending school and/or working for the majority of the week, and had fewer than three days of serious behavior problems during the course of previous month. At 2-year follow-up, 47% of the wraparound groups received a rating of good, compared to 8% of youths in traditional MH services. Limitations of the study include study attrition and group non-equivalence at baseline.

STUDY 8: Quasi-experimental (multiple-baseline case study) of four youths referred to wraparound because of serious mental health issues in rural Michigan.

Reference: Myaard, Crawford, Jackson, & Alessi (2000).

RESULTS: The multiple baseline case study design was used to evaluate the impact of wraparound by assessing whether outcome change occurred with (and only with) the

introduction of wraparound at different points in time. The authors tracked occurrence of five behaviors (compliance, peer interactions, physical aggression, alcohol and drug use, and extreme verbal abuse) for each of the youths. Participants began receiving wraparound after 12, 15, 19, and 22 weeks. For all four participants, on all five behaviors, dramatic improvements occurred immediately following the introduction of wraparound.

Adaptations:

None

Description of Measures for each outcome:

Outcomes will be measured using the DHHS Performance Accountability Measures as well as the CFSR.

Fidelity Measures:

Wraparound Fidelity Index 4.0, Wraparound and Research Team (WERT), University of Washington and a part of the The National Wraparound Initiative, a collaborative effort involving over 100 advisors nationally, and based at the University of Washington, The Research and Training Center on Family Support and Children's Mental Health at Portland State University, and the national Federation of Families for Children's Mental Health.

The WFAS instrument is WFI 4.0 which is organized by the four phases of the wraparound process (Engagement and Team Preparation, Initial Planning, Implementation, and Transition) and the ten principles of Wraparound (Families Voices & Choice; Team based; Natural supports; Community-based; Culturally competent; Individualized; Strengths based; Collaboration; Persistence; and Outcome based.)

Processes and any measures used to ensure appropriate implementation:

The Wraparound Fidelity Index 4.0 (WFI-4.0) is a set of four interviews that measures the nature of the wraparound process that an individual family receives. The WFI-4 is completed through brief, confidential telephone or face-to-face interviews with four types of respondents: caregivers, youth (11 years of age or older), wraparound facilitators, and team members. It is important to gain the unique perspectives of all these informants to understand fully how wraparound is being implemented. A demographic form is also part of the WFI-4 battery.

The WFI-4 interviews are organized by the four phases of the wraparound process (Engagement and Team Preparation, Initial Planning, Implementation, and Transition). In addition, the 40 items of the WFI interview are keyed to the 10 principles of the wraparound process, with 4 items dedicated to each principle. In this way, the WFI-4 interviews are intended to assess both conformance to the wraparound practice model as well as adherence to the principles of wraparound in service delivery.

Through the tools, training, and technical assistance with the Wraparound and Research Team (WERT) of the University of Washington, trained surveyors conduct the interviews

and enter the data into the database. The system provides multiple reports to evaluate micro and macro level information related to the phases of Wraparound.

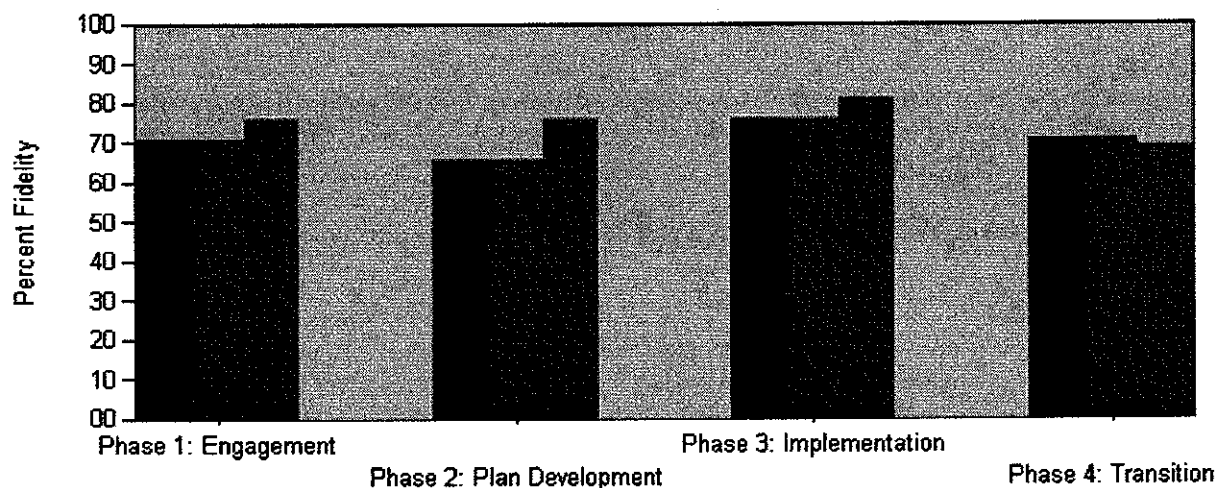
The WFI-4 includes a detailed User's Manual with detailed instructions and scoring rules. The WFI-4 also includes training for use by lead evaluators at a program or community. The Wraparound Evaluation and Research Team has also developed data entry shells in SPSS and Excel formats for all WFAS measures, which are available for use by collaborating communities.

This is an example of a report of Fidelity Scores by Phase

***Wraparound Fidelity Index, version 4
Online Data Entry and Reporting System***

Report 8: Fidelity Scores by Phase

Date of Report : September 23, 2009



	Phase 1: Engagement	Phase 2: Plan Development	Phase 3: Implementation	Phase 4: Transition
Family A	71	66	76	71
All	71	66	76	71
National Mean	76	76	81	69

This is an example of a report of Fidelity Scores by Principles

**Wraparound Fidelity Index, version 4
Online Data Entry and Reporting System**

Report 7: Fidelity Scores by Principle and Respondent

Date of Report : Wednesday, September 23, 2009

